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PATENT, TRADEMARK
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FACSIMILE: (703) 684-1157

OCT 29 2007

Date: October 29, 2007

FACSIMILE COVER LETTER

Facsimile Number: (571) 273-1

To: Commissioner for Patents

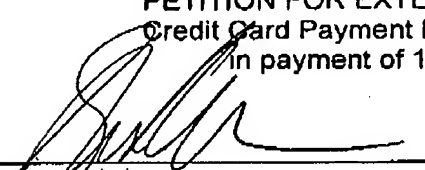
From : Mr. Shrinath Malur
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/720,308
Attorney Docket No.: TMI-5008

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal Letter;
AMENDMENT;
PETITION FOR EXTENSION OF TIME; and
Credit Card Payment Form in the amount of \$120.00
in payment of 1 EOT Fees.


Shrinath Malur
Reg. No. 34,663

October 29, 2007

Date

Total Number of Pages (including cover sheet): 13

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Thank you.

Form PTO-1083

Patent

Case Docket No. TMI-5008

In RE application of Y. KANEDA et al

Serial No.: 10/720,308

Group Art Unit: 2185

For: A DATA STORAGE APPARATUS HAVING A CONTROL UNIT PROVIDING A VIRTUAL DISK DRIVE UNIT WHICH PERMITS A COMPUTER TO RECOGNIZE REMOVABLE STORAGE MEDIA HANDLING CAPABILITY (As Amended)

Examiner: A.P. Savla

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total	11	Minus	** 20	=
Indep.	1	Minus	*** 8	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 380	\$
Total	\$

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$120.00 is attached for 1 EOT.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: October 29, 2007